PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with a



Box ISSUE FEE Assistant Commissioner for Patents

Washington, D.C. 20231



MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be or Tipleted where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

MICHAEL P STRAHER WOODCOCK WASHBURN KURTZ MACKIEWICZ & NORRIS ONE LIBERTY PLACE 46TH FL PHILADELPHIA PA 19103

URJUL Z 4 2000

HM22/0419

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below

Gibbons, Reg. #44, 120 sitor's name) Maureen S.

(Signature)

July 19,2000

(Date) APPLICATION NO. **FILING DATE** TOTAL CLAIMS EXAMINER AND GROUP ART UNIT **DATE MAILED** 08/817,067 04/04/97 029 MARSCHEL, A 1631 04/19/00 NIELSEN, First Named USC 154(b) term 0 Days. ext. **Applicant** TITLE OF

INVENTION

PEPTIDE NUCLEIC ACID CONJUGATES

07/25/2000 GTEFFER1 00000035 08317057

01 FC:142 02 FC:561

ATTY'S DO	CKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. T	YPE	SMALL EN	NTITY	FEE DUE		DATE DUI	E
1.	ISIS-21	12 530-	350.000	L32	UT 1	LITY	NO	\$1210	0.00	07	/19/0
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required. □ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.			(1) the nattorney the nammember and the attorney.	ames of a second and a second	the patent fron up to 3 registe tts OR, alterna single firm (ha ered attorney up to 2 registe ts. If no name is ed.	red patent atively, (2) wing as a or agent) red patent	1_WOODCOC MACKIEWIC	Z &			

۶.	ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (PRINT OF Type)
	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent.
	Inclusion of assignee data is only appropriate when an assignment has been previously submitted to
	the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute fo
	filing an assignment.
	(A) NAME OF ASSIGNEE ISIS PHARMACEUTICALS, INC. and
	V V

PETER NIELSEN

(B) RESIDENCE: (CITY & STATE OR COUNTRY) KOKKEDAL, DENMARK

Please check the appropriate assignee category indicated below (will not be printed on the patent)

XX individual

of Patents and Trademarks):

XX Issue Fee

XIXIXAdvance Order - # of Copies ____

ANY

DEPOSIT ACCOUNT NUMBER 23-3050 (ENCLOSE AN EXTRA COPY OF THIS FORM)

☐ Issue Fee

☐ Advance Order - # of Copies.

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature) 44,12

(Date)

NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and

Trademark Office.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

RECEIVED

APR 2 1 2000

Woodcock Washburn Kurtz Mackiewicz & Norris LLP

HM22/0419

JUHL 2 4 2000

Complete and mail this form, together with

fees, to:

Box ISSUE FEE Assistant Commissioner for Patents Washington, D.C. 20231

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

Certificate of Mailing I hereby certify that this Issue Fee Transmittal is being deposited with

MICHAEL P STRAHER WOODCOCK WASHBURN KURTZ MACKIEWICZ & NORRIS

the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below

ONE LIBERTY PLACE 46TH FLOOR

Gibbons, Reg. #44, 121 stors name) reen S

PHILADELPHIA PA 19103

(Signature)

July 19,2000 (Date) APPLICATION NO. **FILING DATE TOTAL CLAIMS EXAMINER AND GROUP ART UNIT** DATE MAILED 08/817,067 04/04/97 029 MARSCHEL, 1631 04/19/00 First Named NIELSEN, 35 USC 154(b) term Applicant 0 Days. PEPTIDE NUCLEIC ACID CONJUGATES TITLE OF

INVENTION

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN, TYPE	SMALL ENTITY	FEE DUE	
1 ISIS-21	12 530-3	50.000		ILITY NO	FEE DUE \$121(DATE DUE 0.00 07/19/0
1. Change of correspondence address Use of PTO form(s) and Customer N Change of correspondence addre PTO/SB/122) attached. "Fee Address," indication (or "Fee	number are recommended, but ss (or Change of Corresponde	not required.	(1) the names of attorneys or age the name of a member a regist and the names of	the patent front page, list up to 3 registered patent nts OR, alternatively, (2) single firm (having as a tered attorney or agent) up to 2 registered patent ts. If no name is listed, no led.	1_WOODCOC MACKIEWIC 2	K WASHBURN KURT Z & NORRIS LLP
(B) HESIDENCE: (CITY & STATE OF KOKKEDAL Please check the appropriate assigned XX individual XXX corporation or	propiate when an assignment separate cover. Completion of PHARMACEUTICALS NIELSEN COUNTRY) CARLSBA DENMARK DENMARK DE category indicated below (woother private group entity	ee data will appear has been previously of this form is NOT and . INC. and D, CALIFOR will not be printed on government	on the patent. y submitted to a substitue for XI NIA and the patent)	Issue Fee XXAdvance Order - # of 0 ANY XXADVANCE ORDER - # of 0 ANY XXADVANCE ORDER - # of 0 ISSUE FEE	ks): Copies 12 ciency in these fees JMBER 23-3(COPY OF THIS FOR	150
The COMMISSIONER OF TATENTS AN (Authorized Signature)	I HADEMARKS IS requested		e Fee to the applicat	ion identified above.		
Maureen S. Gibbon, Re NOTE; The Issue Fee will not be accepte or agent; or the assignee or other party in	ed from anyone other than the	(Date) 7/19 applicant; a register				

RECEIVED

APR 2 1 2000

Woodcock Washburn Kurtz Mackiewicz & Norris LLP

ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required

to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS